

Permit Application for State Land Trapping

DEEP USE ONLY				
App #:				
Check #:				
Date Received:	_			

Part I: General Information

1.	Applicant Name:					
	Mailing Address:					
	City/Town:	State:	Zip Code:			
	Phone:	ext.:				
	*E-mail:					
	*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.					
2.	2. Date of Birth:					
3.	Advanced Trapper Education Certificate #:					
4.	. Current Trapping License or Conservation ID #:					
5.	5. Select the trapping units you want to apply for and enter the applicable total fee:					
Tra	apping Units		*Fee			
	Unit 1 – Western District		\$120.00			
	Unit 2 – Eastern District		\$120.00			
	Total Fee		\$			
*The application will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection. Part II: Certification						
"I certify that I have not been convicted of violating any Connecticut statute or regulation governing trapping in any of the trapping seasons occurring in the past three years from the signed date of this application."						
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Note: Please submit this completed Application Form and Fee to:

WILDLIFE DIVISION DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127

11/11/11/01/05, 01/00/00/01/27

For additional assistance, contact the Wildlife Division at 860-424-3011.